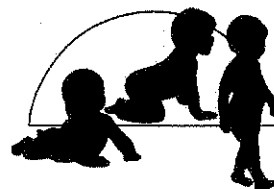


**Washington State Interagency Coordinating Council (SICC)
for Infants and Toddlers with Disabilities and Their Families**



SICC Membership Application

Last Name First Name Middle Initial

Mailing Address:

Street

City Zip

County

Day Phone: _____ Fax _____

Message Phone: _____ Email _____

1. Positions on the State Interagency Coordinating Council:

A. Are you applying as a parent of a child with a disability or developmental delay? Y N

Age of child _____ Type of disability _____

Note: Parents should have children, with disability or developmental delay, aged 12 or younger

B. Are you applying as a service provider?

Your Position Title _____ Organization/Agency _____

Describe the type of services you provide: _____

C. Are you applying for a position other than parent or service provider? Y N

(please specify) _____

2. Members are expected to actively participate on the council and serve on committees and work groups. Estimated time commitment is approximately 10 hours per month. The council meets quarterly.

A. Will you be able to meet this commitment? Y N



INFANT TODDLER EARLY
INTERVENTION PROGRAM
PO Box 45201 • Olympia WA 98504-5201
TTY 360-407-1087 • FAX 360-725-3523
Voice 360-725-3500
<http://www1.dshs.wa.gov/iteip>



Washington State
Department of Social
& Health Services

ADSA Aging & Disability
Services Administration

B. Will you need travel reimbursement to participate on the council? Y N

(If you will need travel reimbursement, please include your Social Security #) _____

3. Please describe:

A. What family-centered services and community partnership means to you.

B. Why you would like to be appointed to and assist this State Council.

Signature _____ Date _____

Return this application, the gubernatorial application and your resume to:

Sandy Loerch Morris, Program Director
DSHS, Infant Toddler Early Intervention Program
PO Box 45201
Olympia, WA 98504-5201



INFANT TODDLER EARLY
INTERVENTION PROGRAM
PO Box 45201 ♦ Olympia WA 98504-5201
TTY 360-407-1087 ♦ FAX 360-725-3523
Voice 360-725-3500
<http://www1.dshs.wa.gov/iteip>



Washington State
Department of Social
& Health Services

ADSA Aging & Disability
Services Administration